



**Fiscal Year 2017**  
**HUD Entitlement Grant Program**  
**Application for Funding**

**PUBLIC SERVICES PROJECTS**

**SUMMARY INFORMATION**

**GENERAL INFORMATION**

Applicant legal name:	
Project name:	
Amount of funding requested:	

**PROJECT INFORMATION**

Location of project:				
Goal(s) of the project (be <i>specific</i> and <i>succinct</i> ):				
Priority need(s) the project will address (Consolidated Plan):				
Total number of people who will be served:		% city of Ithaca residents:		% below 80% AMI:
Characteristics of people who will be served (i.e., youth, elderly, disabled, formerly incarcerated, homeless, etc.):				
Proposed use of requested funds (i.e., staff salaries, materials, participant stipends, etc.):				
Total project cost:		Leverage (divide total funding from other sources by amount requested):		

**CONTACT INFORMATION**

<b>Head of Agency Information</b>	
Name:	
Title:	
Address:	
Phone Number:	
E-Mail Address:	
<b>Application Contact Information</b>	
Name:	
Title:	
Address:	
Phone Number:	
E-Mail Address:	

**PROJECT DESCRIPTION**

In the space below, provide a clear project summary that contains a description of the proposed project, including services and activities that will be provided. Include the census tract number within which the project will be located (see Application Instructions).

[Empty rectangular box for project description]

**PROJECT DESCRIPTION (cont.)**

Explain how the amount of funding requested is justified, taking into account other available sources of funding for the project type. Explain how, and when, the cost estimates for the project were prepared. Provide the name, title, company name, and qualifications of the individual who prepared the cost estimates.

Does the project require coordination with, or the participation of, another entity or organization? If so, how will you ensure the project's successful, and timely, completion?

## POPULATION SERVED & PROJECT IMPACT

Describe the population the project will serve, being sure to include income levels (i.e., 30% AMI, 50% AMI, 80% AMI), and any special needs characteristics (disabled, elderly, homeless, etc.). How has the project been designed to address the specific needs of this population?

Explain the project goal(s). How will each goal be measured and documented to confirm whether or not the goal has been met?

**POPULATION SERVED & PROJECT IMPACT (cont.)**

Will your project advance the City's goal of ending and preventing homelessness? How?

Will your project advance the City's goal of moving people out of poverty? How?

## ORGANIZATIONAL CAPACITY

Describe your agency's experience in successfully implementing projects of similar scope and comparable complexity to the proposed project.

Describe your staffing plan for the proposed project. Indicate what percentage of each staff member's time will be allocated to this project and how many other projects, in addition to the one proposed, each staff member will be responsible for. If you are requesting funds to pay for staff salaries, please explain how the proposed project will be impacted if full funding is not awarded. If the project is collaborative, explain how the involved organizations will work together and who will be the lead.

**PROJECT BUDGET**

**\*\*\* You must complete the Excel form that accompanies this document. \*\*\***

If your agency received funding from the IURA for the 2015 or 2016 program year, please complete the following table(s):

2015 Project name:	
Amount of funding awarded:	
Amount expended to date:	
Total number of unduplicated clients to be served:	
Total number of unduplicated clients served to date:	

2016 Project name:	
Amount of funding awarded:	
Amount expended to date:	
Total number of unduplicated clients to be served:	
Total number of unduplicated clients served to date:	

**PROJECT SCHEDULE**

Month	Specify Project Milestone/Actions Completed	Cumulative Amount of CDBG Funds Expended	% of Project Budget
November 2017			
December 2017			
January 2018			
February 2018			
March 2018			
April 2018			
May 2018			
June 2018			
July 2018			
August 2018			
September 2018			
October 2018			
November 2018			
	TOTAL:		

*\*Assume contracts will be executed by November 1, 2017, so that funds may be drawn that month.*

## CERTIFICATION & SUBMISSION REQUIREMENTS

By checking this box and providing the following information, I certify the statements made in this application are true and correct, and I am authorized to submit this application on behalf of my organization.

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Organization Title/Role

\_\_\_\_\_  
E-mail address Phone number

Is your organization a 501(c)(3)? Yes  No

Federal Tax ID: \_\_\_\_\_

DUNS #: \_\_\_\_\_

### Required Attachments:

- Excel budget page
- Resumés of key staff and/or consultants who will be responsible for this activity
- List of your organization's current board members
- Letter(s) of commitment from any other individuals or entities (outside your own organization) whose participation is required for project completion
- Evidence of commitment for any funds indicated as "secured" in your project budget
- Most recent Form 990 or tax returns for applicant entity

### Optional Attachments:

- Letters of support
- Program materials, such as brochures, program guidelines, or outreach materials

### Submission requirements:

- One original of complete application, including all attachments
- Thirteen (13) double-sided copies of the complete application, including all attachments, except Form 990/tax return
- One electronic copy of application, including all attachments, on a disc or a flash/thumb drive
- Complete application packages must be received by noon, February 28, 2017 at the following address:

Ithaca Urban Renewal Agency  
3<sup>rd</sup> Floor, City Hall  
108 E. Green Street  
Ithaca, NY 14850

- Applications will be date- and time-stamped upon arrival. Applications received after the deadline will not be considered.



**PUBLIC SERVICES PROJECT BUDGET**

**SOURCES**

FUNDING SOURCE TITLE		AMOUNT SECURED*	AMOUNT UNSECURED	% OF TOTAL BUDGET
1.	FY 2017 Community Development Block Grant		\$6,930	13.69%
2.	FY 2017 CDBG/HOME		\$42,750.00	84.48%
3.	Human Services Coalition	\$923.00		1.82%
4.				0.00%
5.				0.00%
6.				0.00%
7.				0.00%
8.				0.00%
9.				0.00%
10.				0.00%
<b>TOTAL SECURED &amp; UNSECURED FUNDING</b>		<b>\$923.00</b>	<b>\$49,680.00</b>	<b>100.00%</b>
<b>TOTAL PROJECT BUDGET</b>		<b>\$50,603.00</b>		<b>100%</b>

<b>LEVERAGE OF SECURED FUNDING PERCENTAGE</b>	<b>1.82%</b>
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\* Supporting documentation is required for amounts listed as secured.

**USES**

PERSONNEL EXPENSES: POSITION TITLES	PROPOSED CDBG AMOUNT	PROPOSED OTHER	TOTAL
Samaritan Center Director .5 hour review per case		\$923.00	\$923.00
Case Manager 4.5 hours per case direct administration	\$6,930.00		\$6,930.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
<b>A-TOTAL PROPOSED PERSONNEL BUDGET</b>	<b>\$6,930.00</b>	<b>\$923.00</b>	<b>\$7,853.00</b>

NON-PERSONNEL EXPENSES: LINE ITEM/TYPE	PROPOSED CDBG AMOUNT	PROPOSED OTHER	TOTAL
Supplies			\$0.00
Publications/Printing			\$0.00
Rent/Lease (Project Operations)			\$0.00
Insurance			\$0.00
Utilities			\$0.00
Communications			\$0.00
Stipends			\$0.00
Other Expenses (list below)			
			\$0.00
			\$0.00
Housing Security Deposit assistance to 75 families		\$42,750.00	\$42,750.00
			\$0.00
<b>B-TOTAL PROPOSED NON-PERSONNEL BUDGET</b>	<b>\$0.00</b>	<b>\$42,750.00</b>	<b>\$42,750.00</b>
<b>(A+B) TOTAL PROPOSED PROJECT BUDGET</b>	<b>\$6,930.00</b>	<b>\$43,673.00</b>	<b>\$50,603.00</b>

Elizabeth A. Bargar  
614 West Court St.  
Ithaca NY 14850

(215) 667-9316  
[Liddyb27@gmail.com](mailto:Liddyb27@gmail.com)

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**Objective:**

To transition out of the restaurant industry into the human services field, by obtaining a position that utilizes my strong interpersonal communication and counseling skills.

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**Education:**

**Tompkins Cortland Community College, Dryden, NY**

Associate of Applied Sciences, Chemical Dependency Counseling, Dec 2013, CASAC-T (Pending)  
GPA of 4.0, Phi Theta Kappa member

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**Employment History:**

**Catholic Charities, Ithaca, NY**

**Mar. 2015-Current**

**Service Navigator**

- Work individually with clients to determine and address barriers to self-sufficiency
- Maintain a strong working knowledge of local resources and human service agencies
- Provide compassionate and positive experience for those seeking services
- Advocate for vulnerable community members for increased stability and access to services

**Youth Employment Service, Ithaca, NY**

**April 2014-Oct. 2014**

**Eligibility Determiner**

**May 2013-Sept. 2013**

- Determined participant eligibility in accordance with funder guidelines.
- Processed participant applications and documentation.
- Managed a caseload of teen workers.
- Developed and maintained positive relationships with partner worksites
- Kept electronic and paper records complete and up to date.

**Fine Line Bistro, Ithaca, NY**

**Apr. 2013- May**

**2015**

**Server**

- Provided a welcoming and professional dining experience for guests.
- Participated in a team oriented work environment.
- Contributed to the daily operational needs of the restaurant.

**Tompkins County Drug Court, Ithaca, NY**

**Sept. 2013-Dec**

**2013**

**Intern**

- Performed and recorded urine analysis screening.
- Completed and maintained confidential electronic client records.
- Observed court proceedings and inter-agency treatment planning meetings

**Alcohol and Drug Council, Ithaca, NY**

**Jan. 2013-May**

**Intern**

**2013**

- Assist in client case management duties.
- Compile and record group notes.
- Support clinicians and staff as needed.

**Bluestone Grill, Ithaca NY**

**Oct. 2008-Dec-2012**

**Floor Manager**

- Supervised and participated in all front of house daily operations.
- Trained and mentored new employees.

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*References available upon request.*

## Michaela Cortright

948 Cliff St.  
Ithaca, NY 14850

808-294-2549  
MichaelaNocera@gmail.com

### **Relevant Experience:**

- Catholic Charities Service Navigator** September 2016-current  
Provides referrals and case management for individuals that come to CCTT or from other facilities within Tompkins County. Works with other agencies such as hospital, rehab centers, etc on helping individuals with recommended referrals. Write monthly reports on each person on number of referrals made, direct assistance provided, and over all status on how the person is doing. Community Outreach for homelessness by participating in & represent CCTT with groups responding to and creating solutions for housing issues within the Tompkins County community. Insure that program participants who identify issues affecting housing stability are provided with appropriate supports and referrals. Work closely with Samaritan Center Director, NOEP Coordinator, Fidelis, Immigrant Director, and Family Connections Director on the needs of clientele that come to CCTT. Performed Samaritan Center Dir duties Sept2016-Jan2017.
- Catholic Charities Front Desk** August 2015-Sept 2016  
Provide front line services in a quick-paced, high volume not for profit organization that specializes in assisting individuals and families in crisis or low income. Answering phones and walk-in inquiries, conduct intake evaluations, management of multiple databases including data entry, manage supplies (donated personal hygiene products, as well as agency purchased).
- North Shore Farms, Personal Assistant** June 2009-Feb 2010  
Part time position as a trailing military spouse. Put out content and managed social media for the purpose of marketing. Farm to Table and event coordination.
- Holiday Inn, Sales Manager** July 2006-July 2007  
Event coordination, budgeting, researched new accounts to increase client base, prepared reports, analyzed data for occupancy and rate, developed and maintained relationships with Cornell University, Ithaca College, and large corporations such Borg Warner. Resigned due to Military relocation.
- Courtyard by Marriott, Sales Coordinator** May 2005-July 2006  
Established accounts and billing information, booked reservations, event coordination, prepared correspondence, and maintained client relationships with large accounts such as Cornell University, Ithaca College and Borg Warner.
- Challenge Industries, Call Center Supervisor** Jan 2004- Oct 2004  
Temporary part time Supervisory position for grant collaboration project between Challenge and Tompkins County Red Cross. Managed and provided training for teams of 6-8 people with disabilities and employment barriers, coordinated call center activities, database management and data entry, maintained confidential information, and reported to two different agencies.
- Cornell University Alumni Affairs and Development, Assistant Director** May 2002-June 2003  
6 month temporary position working with parents and alums for the 2002 and 2003 Reunion Youth Day Camp. Cultivated relationships with returning alumni, maintained web-based registration, database management and data entry.
- Child Development Council, Referral and Eligibility Specialist** July 2001-Oct 2003  
Cornell Grant based position to verify eligibility for Cornell Day Care Subsidy and other various child care scholarships and subsidies, identify needs of parents and advised them of available resources, prepared correspondence, provided oversight for the publication of information, prepared reports for grants, maintained confidential information.
- American Red Cross of Tompkins County, Database Technician** Jan 2001-July 2001  
Per Diem position creating and maintaining database for emergency shelter confidential client data.

**Other Experience:**

**Ultimate Athletics** Jan 2015 – Oct 2016  
Part time fitness trainer instructing adult group fitness classes

**Head over Heels Gymnastics** July 2014 – Sept 2015  
Part time gymnastics instructor working with school age children.

**Triphammer Wine and Spirits, Wine Sales** Nov 2008- Jan 2009  
Part time position held as a trailing military spouse.

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**Education**

Empire State College Major: Business, Human Resources

Tompkins Cortland Community College Major: Social Sciences

International Sports Sciences Association Fitness Trainer Certification Jan 2015

Technical Skills e-Learning through New York State Dept of Labor Metrix program focusing on administrative support and human resources benefits

**Renee M. Spear**  
280 Eiklor Road  
Candor, NY 13743  
(607) 765-9609  
[reneespear@yahoo.com](mailto:reneespear@yahoo.com)

### **RESUME CAPSULE**

Over 30 years of professional experience working in an administrative position. Strong Management background; experience in Fiscal Management; Quality Assurance/Quality Improvement; Public Relations; Regulatory Compliance; Program Development; Human Resource Manager, Training and Community Relations.

### **EXPERIENCE**

- Executive Director  
Catholic Charities Tompkins/Tioga  
Over sight of all services in Tompkins and Tioga. Oct. 2012-Present
- Residential Manager  
Catholic Charities, Binghamton, NY  
Administrator of Residential Program that serve Mentally Ill boys and Homeless kids. Responsible for the Supervision of the managers of the homes as well as ensure that all kids are receiving appropriate and meaningful serves. Oversight of the budgets, policy writing, regulations, training, public relations, etc. Nov. 2010-Sept. 2012
- Day Habilitation Director  
Achieve/ARC, Binghamton, NY  
Administrator of a department that serves 120 individuals with disabilities and a staff of 30 plus. Responsible for all aspects of the department which includes services to all individuals, policy writing, training, public relations, etc. Sept. 2008-Oct. 2010
- HR/Project Manager  
Exceptional Family Resources, Syracuse, NY  
Temporary position; hired to start up a new program for children with disabilities as well as starting up the Human Resource Department. I also helped develop internal audits, payroll system and training and development curriculum. Oct. 2006-Sept. 2008
- Director  
Community Options, Inc., Binghamton, NY  
Local Director of the Binghamton region for a Nationwide Organization. Responsible for the oversight of all agency services with over 100 people with disabilities and other barriers to employment served annually. Managed services revenues in excess of 2,000,000 and more than 90 personnel; also responsible for agency development efforts, public relations activities, fund raising activities, Quality Assurance/Quality Improvements, budgeting, running the board meetings and expanding operations. March 2005-Sept. 2006
- Director of Day Habilitation  
Nov. 1997-March 2005

Assistant Director of Day Habilitation  
Senior Habilitation Specialist  
J.M. Murray Center, Cortland, NY

April 1993-Nov. 1997  
April 1991-April 1993

Primary administrative responsibilities for habilitative and clinical services for more than 100 people with severe developmental disabilities. Responsible for fiscal management of a budget greater than 2 million dollars per year, a staff of more than 50, regulatory compliance, training, policy and procedure writing.

### **COACHING EXPERIENCE**

SUNY Cortland: Junior Varsity basketball coach  
McGraw High School: Varsity Softball and Basketball coach  
Saint Johns Catholic School: Modified Volleyball Coach  
Broome Community College: Basketball and Softball Coach  
Seton Catholic Central School-Modified Softball Coach  
Many years coaching younger kids in the civic association  
CYO-9<sup>th</sup> and 10<sup>th</sup> grade boy's basketball coach  
Special Olympics-Coached Bowling and Adaptive Games

### **EDUCATION**

Dec. 1991	Master of Science of Education SUNY College of Cortland, Cortland, NY
May 1986	Bachelor of Science of Education SUNY College of Cortland, Cortland, NY

CCTT Board of Directors meets on the 2nd Monday of each month from 5:00 to 6:30 pm.

Name	Address	Officer / Term	Residence Phone	Business Phone	Cell Phone	E-mail	Committee Assignment	Term ends
Joseph D'Abbracci Director of Human Resources	142 Forest Hill Road Apalachin, NY 13732	Chairperson		254-6182		<a href="mailto:Jfd78@cornell.edu">Jfd78@cornell.edu</a>	Executive; Finance Human Resources, Tioga Advisory	12/31/18 (2)
Rick Ballantyne Retired	115 Walnut Street Ithaca, NY 14850	Vice Chairperson; Chair of Development			607-277-0751	<a href="mailto:Captrick115@gmail.com">Captrick115@gmail.com</a>	Executive; Development/ Community Engagement	12/31/17 (1)
Marney Thomas Retired from Military Projects Dir., Coll. of Human Ecol. Cornell University	137 Eastlake Rd. Ithaca, NY 14850	Secretary Chair Human Resource	273-2426	254-5241	280-0181	<a href="mailto:mgt2@cornell.edu">mgt2@cornell.edu</a>	Executive; Human Resources	12/31/17 (3)
Dan Brown Exec Director Franzisca Racker Centers	581 Lansing Station Road Lansing, NY 14882		533-7724	272-5891 x221	607-279-5350	<a href="mailto:danb@rackercenters.org">danb@rackercenters.org</a>	Finance; Human Resources	12/31/19 (3)
Michael Cannon Vice President Commercial Banking	409 West Buffalo St. Ithaca, NY 14850	Treasurer; Chair Finance Committee		274-7428		<a href="mailto:mcannon@tompkinsfinancial.com">mcannon@tompkinsfinancial.com</a>	Finance; Executive	12/31/17 (1)
Philip Cox Retired	15 Hickory Circle Ithaca, NY 14850		273-5170		592-5943	<a href="mailto:plc@cornell.edu">plc@cornell.edu</a>	Finance; Executive; Dev/Comm Engagement CCDOR Representative	12/31/17/(3)
Jane Doyle Retired	9 Muriel Street Ithaca, NY 14850		607-257-6206			<a href="mailto:Jld26@cornell.edu">Jld26@cornell.edu</a>	Dev/Comm Engagement	12/31/18 (1)
Dean Casterline Director of Purchasing & Chief Procurement	1919 S. Apalachin Road Apalachin, NY 13732		607-687-4918		607-759-1234	<a href="mailto:dcasterline@ithaca.edu">dcasterline@ithaca.edu</a>	Tioga Representative	12/31/18 (1)

Officer								
Erin Maria Sember-Chase Assistant Director of Student Disability Services at Cornell	214 Richard Place Ithaca, NY 14850		607-319-0436	607-592-4910		<a href="mailto:Ems65@cornell.edu">Ems65@cornell.edu</a>	Dev/Comm Engagement	12/31/18(1)
Leonardo Vargas-Mendez Public Service Center Cornell University	344 Snyder Hill Road Ithaca, NY 14850		277-3886	255-0674		<a href="mailto:ljl@cornell.edu">ljl@cornell.edu</a>		12/31/17 (1)
Anthony Barbaro Associate Diocesan Director Catholic Charities	Catholic Charities 215 East Church Street Elmira, NY 14901	Ex Officio Member	734-9784 X129			<a href="mailto:abarbaro@dor.org">abarbaro@dor.org</a>		
Renee Spear Executive Director	280 Eiklor Road Candor, NY 13743	Ex Officio Member		272-5062 x13	DOR Cell 607-351-8037	<a href="mailto:rspear@dor.org">rspear@dor.org</a>		

**Note: Mary Berens and Mary Pat are non-board members of the Development Committee**

Mary Berens  
105 Devon Road  
Ithaca, New York 14850  
Home 257-6150  
Cell 592-1566  
[mbf1@cornell.edu](mailto:mbf1@cornell.edu)





**Beverly J. Martin Elementary School**

302 W. Buffalo St. • Ithaca, NY 14850

607-274-2209 phone • 607-274-2196 fax

[www.icsd.k12.ny.us](http://www.icsd.k12.ny.us)

2/15/17

Ms. Renee Spear, Executive Director  
Catholic Charities of Tompkins/Tioga  
324 W. Buffalo Street  
Ithaca NY 14850

Dear Ms. Spear,

Thank you for letting me know about the plans to provide security deposits to the families we serve through Housing for School Success, a pilot initiative started by the City of Ithaca in 2016. This letter is to support your application to the Ithaca Urban Renewal Agency (IURA) in order to secure funding for your security deposit program and for this purpose.

The Housing for School Success assistance is very helpful to serving Beverly J. Martin families who are homeless, and aiding us in working with their children. This year, we have been able to serve families in order to help them access secure housing and maintain consistent communication with our school. As a result, the children in these families have had excellent attendance. Through communication and meetings with families, as well as supportive case management, students of these families have been able access supports to help them as needed at school. Additionally, the students in our program have been able to remain at Beverly J. Martin. Prior to the program, when the family had insecure housing, they switched schools regularly – sometimes multiple times per year. Research shows how constant school changes and insecure housing can be detrimental to a child's socio-emotional well-being as well as their academic achievement.

I understand that Samaritan Center staff and CCTT have a long history of helping people resolve housing crises with this security deposit assistance. While the families in the program will be gaining assistance, ongoing, through a local housing voucher provider, the first step is accessing a rental for their families. Your close proximity to the school makes it easy for the families to access the help.

We ask that the IURA review committee consider the value of this service to our whole community, and wish you success with this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Enns".

Melissa Enns, LMSW

School Social Worker, BJM / Case Manager, Housing for School Success Program

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**A G R E E M E N T**

**AGREEMENT**, made by and between the **COUNTY OF TOMPKINS**, a municipal corporation of the State of New York, with main offices at 125 East Court Street, Ithaca, New York, 14850 hereinafter referred to as the "**COUNTY**", and **CATHOLIC CHARITIES TOMPKINS TIOGA**, with offices located at 324 West Buffalo Street, Ithaca, NY 14850 hereinafter referred to as the "**AGENCY**".

**W I T N E S S E T H:**

**WHEREAS**, the **COUNTY** wishes to enter into a contract with the **AGENCY** to assist it in partially covering its operating expenses, and

**NOW, THEREFORE**, in consideration of the promises, covenants and agreements contained herein, the parties agree as follows:

1. The term of this agreement is for the period January 1, 2017 through December 31, 2017.
2. The **COUNTY** agrees to pay the **AGENCY** \$87,000.00 in 2017. Payment shall be made quarterly in the amount of \$21,750.00 by the County Director of Finance based on vouchers submitted to Tompkins County Administration at 125 East Court Street, Ithaca, New York.

The funding for this contract consists of:

Target	\$82,000.00
<u>One-time Funding</u>	<u>\$ 5,000.00</u>
TOTAL	\$87,000.00

3. The **AGENCY** will review their program with the County Administrator and submit any information at the Administrator's request. The **AGENCY** agrees to provide services as outlined in its request submitted to the County's program committee.

Funding through this process will support staffing and other costs for the Samaritan Center and Immigrant Services programs.

As an agent of the **COUNTY**, the Human Services Coalition provides these expectations for 2017:

These programs will serve vulnerable populations, including those who do not qualify for TCDSS or other services, by providing clothing, personal care products, utility assistance, security deposits, transportation assistance and help navigating the complicated immigration system.

One-time funding for 2017 will support rent and maintenance for the "A Place to Stay" program, providing transitional housing for formerly homeless women.

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4. The parties agree that as a condition of receipt of Federal funds, if any, that audits be performed of the **AGENCY'S** records by auditors in compliance with the Federal Single Audit Act of 1984.
5. The **AGENCY** shall indemnify, hold harmless and defend **TOMPKINS COUNTY** and its officers, employees, agents and elected officials from and against any and all claims and actions brought against **TOMPKINS COUNTY** and its officers, employees, agents and elected officials for injury or death to any person or persons or damage to property arising out of the performance of this contract by the **AGENCY**, its employees, subcontractors or agents with the exception of all actions and claims arising out of the negligence of **TOMPKINS COUNTY**. The **AGENCY** shall maintain the following minimum limits of insurance, or as required by law, whichever is greater.

**A.) Workers' Compensation and New York Disability**

**Workers' Compensation**

Statutory coverage complying with NYS Workers' Compensation Law Section 57 General Municipal Law Section 125, AGENCY must submit one of the following:

CE-200 - Certification of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage available at <http://www.wcb.ny.gov/content/main/forms/AllForms.jsp>, **OR**

CE-105.2 - Certification of NYS Workers' Compensation Insurance (U-26.3 f or State Insurance Fund version), **OR**

SI-12 - Certificate of NYS Workers' Compensation Self Insurance, **OR**

GSI-105.2 - Certificate of NYS Workers' Compensation Group Self-Insurance Employers' Liability \$1,000,000

**Disability Benefits Requirements**

Statutory coverage complying with NYS Workers' Compensation Law Section 220 (8) under General Municipal Law Section 125, AGENCY must submit one of the following:

CE-200 - Certification of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage, **OR**

DB120.1 - Certificate of Disability Benefits Insurance, **OR** DB155 - Certificate of Disability Self-Insurance

NOTE: Proof of NYS Workers' Compensation and NYS Disability Benefits must be provided on NYS forms as listed above (complete information available at <http://www.wcb.ny.gov/content/main/forms/AllForms.jsp> or Bureau of Compliance at (866) 546-9322).

**B.) Commercial General Liability** including, contractual, independent AGENCYS, products/completed operations

Each Occurrence	\$1,000,000
General Aggregate	2,000,000
Products/Completed Operations Aggregate	2,000,000
Personal and Advertising Injury	1,000,000
Fire Damage Legal	50,000
Medical Expense	5,000

- **General Aggregate** shall apply separately to the project prescribed in the contract
- It is expressly understood and agreed by the AGENCY that the insurance requirements specified above, contemplate the use of occurrence liability forms.

## ADM17CATHOL

- Tompkins County and its officers, employees, agents and elected officials are to be included as **Additional Insured's on a primary and non contributory basis**

All insurance shall be written with insurance carriers licensed by the New York State Office of Financial Services and have a Best's rating of A XI or better. Proof of insurance shall be provided on the Accord Certificate of Insurance, Accord 25 (05/2010), or insurance company certificate. All Certificates shall contain a sixty (60) day notice of cancellation, non-renewal or material change to Tompkins County. All Certificates must be signed by a licensed agent or authorized representative of the insurance company. Broker signature is not acceptable. Certificates of Insurance shall be submitted with the signed contract.

6. The **AGENCY** certifies to the **COUNTY** that the programs and services to be provided and described herein are accessible to the handicapped in accordance with the provisions of Section 504 of the Federal Rehabilitation Act of 1973.

7. **REGULATORY COMPLIANCE.** The **AGENCY** agrees to comply with all Federal, State, and local laws and regulations governing the provision of goods and services under this Contract. To the extent that federal funds are provided to the **AGENCY** under this contract, the **AGENCY** agrees that it will comply with all applicable federal laws and regulations, including but not limited to those laws and regulations under which the Federal funds were authorized.

Further, **AGENCY** agrees to comply with the County's Compliance Plan regarding Federal and State fraud and abuse laws; the Compliance Plan can be viewed at [www.tompkins-co.org](http://www.tompkins-co.org), or a copy can be obtained by contacting Tompkins County Department of Administration.

**AGENCYs** that are providers of healthcare services certify that the **AGENCY**, and all employees, directors, officers and subcontractors of the **AGENCY**, are not "excluded individuals or entities" under Federal and/or New York State statutes, rules and regulations. The **AGENCY** agrees to screen all employees, directors, officers and subcontractors on a monthly basis at the New York State Office of Medicaid Inspector General website, and any other websites related to the Excluded Parties List System required by Federal and/or New York State Medicare or Medicaid statutes, rules and regulations, to determine if any employee, director, officer, or subcontractors is on or has been added to the exclusion list.

The **AGENCY** shall promptly notify the County if any employee, director, officer or subcontractors is on or has been added to the exclusion list. The County reserves the right to immediately cancel this contract, at no penalty to the County, if any employee, director, officer or subcontractors is on or has been added to the exclusion list.

By signing this contract, you are attesting to that fact that you and/or the provider, which you represent, have not been sanctioned nor excluded by any of the aforementioned entities.

- 8. The AGENCY will not discriminate against any employee or applicant for employment for any of the following: race, creed, color, ethnicity, military service, marital status, disability, sexual preference, perceived gender, national origin, or status as an ex-offender, and will take affirmative action to insure that they are afforded equal employment opportunities without discrimination. Such action shall be taken with reference, but not be limited, to: recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff or termination, rates of pay or other forms of compensation, and selection for training or retraining, including apprenticeship and on-the-job training.
  
- 9. Tompkins County must consider the wage levels and benefits, particularly health care, provided by contractors when awarding bids or negotiating contracts, and to encourage the payment of livable wages whenever practical and reasonable.

If contractor certifies on Attachment A that its employees directly providing services outlined in this contract are NOT paid a living wage, the department contract representative may have a conversation with contractor to understand the cost implications of achieving the living wage threshold, whether there are structural barriers impacting the ability to pay the living wage, plans to improve wages over time, generous fringe benefits, or other considerations that should be applied when addressing the question of whether it is practical or reasonable to meet the living wage threshold including the cost required to bring the contract to the living wage threshold.

**IN WITNESS WHEREOF**, the parties hereto have executed this agreement as of the day and year first written below.

DATED: \_\_\_\_\_

\_\_\_\_\_  
 Jacqueline Kippola, Risk Manager  
 County of Tompkins

DATED: \_\_\_\_\_

\_\_\_\_\_  
 Catholic Charities of Tompkins/Tioga  
 \_\_\_\_\_  
 Print Name and Title

ATTACHMENT 1 Attach to Tompkins County contracts as of January 1, 2016

**Contractor's Representation—Livable Wage Policy**

**Livable Wage Policy:** By policy, Tompkins County must "consider the wage levels and benefits, particularly health care, provided by contractors when awarding bids or negotiating contracts, and to encourage the payment of livable wages whenever practical and reasonable." Paying the living wage rate to all employees directly involved in providing the contracted County service is not mandatory. However, the attainment of a broadly-applied living wage is a County goal and is therefore an important consideration applied by the County when reviewing contract proposals.

**The Current Living Wage:** The Living Wage in Tompkins County is computed by the Alternatives Federal Credit Union and is currently \$13.77 per hour if the employer contributes at least half the cost of an employee's health insurance/benefit cost and \$14.34 per hour if the employer does not make such a contribution. The rate will be adjusted again in May 2017.

**Requirement of All Contractors:** As a part of its proposal or contract representations, a prospective service contractor must advise the County whether it will pay the AFCU livable wage rate to all Covered Employees directly involved in the provision of the contracted service, including employees of any subcontractor engaged to assist in providing the service.

Additionally, contractors are asked to estimate the number of employees who will be directly involved in the provision of the contracted service. If not all employees are going to be paid the Living Wage, contractors are asked to estimate how many full-time, and how many part-time, covered employees will NOT be paid the living wage.

**Covered Employees** include all full- and part-time employees, other than those Excluded Employees described below, who are directly involved in the provision of the contracted service, including employees of sub-contractors engaged to assist in providing the service.

**Excluded Employees** are:

- Employees under the age of 18
- Seasonal or temporary employees (90 days or less)
- Employees in a probationary status (90 days or less)
- Those employed in a sheltered or supported work environment
- Employees participating in a limited-duration (90 day) job training program
- Employees participating in an academic work-study or academic internship program
- Volunteers
- Employees participating in mandated welfare-to-work programs
- Employees paid pursuant to a collective bargaining agreement

**Contractor's Living Wage Representation**

1. Approximately how many Covered Employees, including employees of any subcontractor involved in providing the service, will be involved in the provision of the contracted service? \_\_\_\_\_

2. Will all Covered Employees, including employees of any subcontractors directly involved in the provision of County services, be paid at least the living wage?

Yes No

3. If the answer is "No", approximately how many covered employees will NOT be paid at the living wage?

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Catholic Charities of Tompkins/Tioga Samaritan Center

If you answered "Yes" to the Living Wage Representation and are awarded the County contract, you will be expected to maintain all employees directly involved in the provision of services under this contract at or above the living wage as of the time of execution of the contract for the duration of the contract.

If you answered "No," your response will be among the considerations applied by the County in making its contract award. As a part of contract negotiations, the County may request additional information from you regarding the basis of this response.

## Attachment A

**PAYMENT VOUCHER  
COUNTY OF TOMPKINS  
ITHACA, NEW YORK 14850**

**PURCHASE ORDER NO.**  
20170090

**DEPARTMENT** Tompkins County Administration  
125 East Court Street  
Ithaca NY 14850

FINAL PAYMENT  
 NON ENCUMBERANCE  
 PURCHASE ORDER

**VENDOR** Catholic Charities of Tompkins/Tioga  
324 West Buffalo Street  
Ithaca, NY 14850

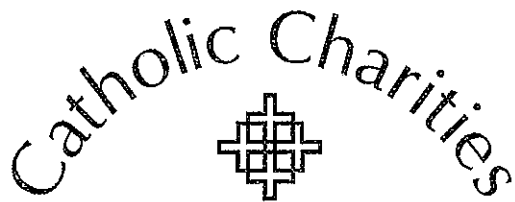
BLANKET PURCHASE ORDER

**VENDOR NO.**  
00015045

INVOICE #	INVOICE DATE	DESCRIPTION OF ITEM	FUND/DEPT	ACCOUNT	AMOUNT
		as per contract 1/1/17-12/31/17 ADM17CATHOL	6305	54400	\$21,750.00
		1Q 2Q 3Q 4Q (circle one)			
		<i>Vendor's Authorizing Signature:</i>			
			<b>TOTAL</b>		<b>\$21,750.00</b>

The above services or materials were rendered to the County and the charges are correct.

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



Tompkins/Tioga

SAMARITAN CENTER SECURITY DEPOSITS PROCEDURES

TENANT MAY NOT MOVE INTO PROSPECTIVE RESIDENCE UNTIL ALL FORMS HAVE BEEN RETURNED AND FINAL APPROVAL HAS BEEN ISSUED TO THE LANDLORD

1. First Meeting:  
SC Director will review process and explain the different forms involved. Client will be given a packet of all the documents and additional paperwork that she/he must complete. Client will be told that he/she must have every requirement met, every form signed and documented, before the packet can be returned. All questions will be answered before the client leaves.
2. NOTE: SC Director must have client sign the release of information. This document, along with the Agreement between Tenant and CCTT, the Annual Income Determination form and the Income Attestation form, will be left in the new file created for this client.(do not fill these out at this time.)
3. In the case of Section 8 clients, SC Director will let client know that he/she needs to obtain 3 forms from Ithaca Housing Authority or Tompkins Community Action. Section 8 clients will sign a release of information during first meeting so we can obtain information from IHA or TCA.
4. Unit will be inspected by agency.
5. When the entire packet is done, SC Director will once again meet with client and review all documents. SC Director will have client sign the Tenant CCTT Agreement at this time.
6. Once this is done, and all the forms and documents are received, SC Director will review all work, re-confirm that all is done and correct, and if so, write and send/fax the approval letter to the landlord.
7. Create the voucher to send to IURA.
8. Before submitting packet to IURA, SC Director will once again review the entire packet, using the check list attached to this form to confirm that all is done.
9. Then, and only then, can the SC Director submit the packet to IURA for approval.



## STEPS TO OBTAINING SECURITY DEPOSIT – NON SECTION 8

This packet contains:

1. Agreement between landlord and Catholic Charities
2. Lease amendment
3. Verification of employment, if needed

### Documents you must add to this packet include:

1. A copy of the future lease – that is you must include the lease (does not need to be signed). The terms of the lease should be one year.
2. Photo ID. Please bring in some form of photo ID for us to confirm your identity. We will make a copy of this proof.

### What you need to do:

1. Income – Income means any money you receive on a regular basis, and/or what you expect to receive in the next 12 months. Income can be wages earned, unemployment, child support, alimony, SSI, SSD, Public Assistance or any other monies you receive on a regular basis.

PLEASE NOTE – you must bring proof of income for every adult member who is part of your household and is working as follows:

- a. You MUST have 8 weeks proof of income. You can:
  - Bring in paychecks equaling 8 weeks of pay,
  - Bring in bank statements that indicate a monthly deposit for SSI, SSD and/or Public Assistance. If you have no bank account, get a letter from your case worker confirming your last 8 weeks of payments.

If you have recently started your job, bring in as many paychecks as you've received, as well as the Verification of Employment, filled out by your employer.

2. If you receive SNAP/food stamps, bring in proof of the amount you receive each month by award letter or DSS budget sheet.
3. Agreement Between Landlord and Catholic Charities –This document must be filled out and signed by your landlord.
4. Lease Amendment. This must be filled out and signed by you and your landlord.

Once your packet is complete you can call and make an appointment to come back in and finish the Security Deposit process.

## **STEPS TO OBTAINING SECURITY DEPOSIT – SECTION 8**

This packet contains:

1. Agreement between Landlord and Catholic Charities
2. Lease terms (given to Landlord)
3. Verification of Employment, if needed

Documents you must add to this packet include:

1. A copy of the future lease – that is you must include the lease (does not need to be signed). The terms of the lease should be one year.
2. Photo ID. Please bring in some form of photo ID for us to confirm your identity.

Forms you must get (or have faxed or emailed) **from your Section 8 provider;**

**Fax: 607-272-4427 or [vubari@dor.org](mailto:vubari@dor.org)**

1. Inspection Form for New Apartment
2. Relocation Budget
3. HAP Contract

What you need to do:

1. Income – Income means any money you receive on a regular basis, and/or what you expect to receive in the next 12 months. Income can be wages earned, unemployment, child support, alimony, SSI, SSD, Public Assistance or any other monies you receive on a regular basis.

PLEASE NOTE – you must bring proof of income for every adult member who is part of your household and is working, as follows:

- a. You MUST have 8 weeks proof of income. You can:
  - i. Bring in paychecks equaling 8 weeks of pay,
  - ii. Bring in bank statements that indicate a deposit for monies received on a monthly basis. If you have no bank account, get a letter from your case worker confirming your last 8 weeks of payments.
  - iii. If you have recently started your job, bring in as many paychecks as you've received, as well as a note from your employer indicating that you will be earning this amount in the future.
2. If you receive SNAP/food stamps, bring in proof of the amount you receive each month.
3. Agreement Between Landlord and Catholic Charities –This document must be filled out and signed by your landlord.

Once your packet is complete you can call and make an appointment to come back in and finish the Security Deposit process.

## **How to Make an Effective Complaint for Rental Issues**

- **IDENTIFY THE PROBLEM.** It is important to be very clear about the nature of the complaint. For example, security deposit, heat, or property maintenance.
- **ORGANIZE THE DETAILS.** Be specific on when, where, and time that the problem occurred. If possible, take pictures of the problem.
- **KEEP A FILE** of all your efforts to resolve the problem. It should include the names of the individuals you speak with, and the date, time and outcome of the conversation.
- **CONTACT THE OWNER OF THE PROPERTY.** Call or write the owner and state the problem and ask for a time from for the corrections to be made.
- **BE PERSISTENT.** Call owner back if the problem hasn't been taken care in the time frame that was given.
- **IF THE OWNER HAS NOT RESPONDED,** call the local Building Department or Code Enforcement Officer and make a formal complaint. The inspector will follow through with the complaint and if valid, will contact the owner to ensure all necessary repairs are made.

In the City of Ithaca, the Building Department can be reached at 274-6508.

For properties outside the City of Ithaca, contact Carole Fisher, Consumer Outreach Educator at Cornell Cooperative Extension, 272-2292 x144,